State Maternal and Child Health Early Childhood Comprehensive Systems Grants (SECCS)

FFY 2003 Application

for

Missouri Department of Health and Senior Services

Division of Community Health
(MCH Title V Agency)

August 2003

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Abstract

Project Title:	State Maternal and Child Health Early Childhood Comprehensive Systems Grant Program (SECCS), HRS A 03-054, CFDA# 93.110
Project Number:	
Project Director:	Paula F. Nickelson, M.Ed., Director Division of Community Health (DCH)
Contact Person:	Stacey Ismail, Special Health Care Needs
Grantee:	Missouri Department of Health and Senior Services (DHSS)
Address:	Div. of Community Health, PO Box 570, Jefferson City, MO 65102-0570
Phone Number:	(573) 751-6246
Fax Number:	(573) 751-6237
E-mail address:	IsmaiS@dhss.mo.gov
World Wide Web:	www.dhss.state.mo.us
Project Period:	September 1, 2003, through August 31, 2005 (2 year planning phase)

PROBLEM: Children are Missouri's most valuable resource. Caring for children and helping them grow into healthy and productive members of society is the most significant responsibility of Missouri State Government. From birth to age five, children rapidly develop foundational capacities on which subsequent development and well being depend. Never has the need been greater for more extensive interagency coordination, more effective utilization of shrinking resources, and less duplication of effort among state agencies and voluntary organizations supporting the healthy development of children "ready to succeed" in Missouri. Through this project for the early childhood comprehensive system including the children with special health care needs, the State of Missouri will strengthen current collaborations and partnerships and implement new ones with public and privates entities which will include, but not be limited to, the Missouri Children's Services Commission (MCSC); School Readiness Indicators Team (SRIT); Early Childhood Interagency Team; Departments of Health and Senior Services, Mental Health, Social Services, and Elementary and Secondary Education; Head Start; Early Head Start; and Family Voices. The project will coordinate efforts to focus on access to health insurance and medical homes, mental health and social-emotional development, early care and education, parenting information, family support, and reduction in disparate outcomes. Indicators from the School Readiness Indicators Initiative (an interagency initiative that includes DCH) will be used with selected Maternal and Child Health indicators which reflect children "ready to succeed".

GOALS AND OBJECTIVES: The goals include: 1) establishment of an interagency statewide Early Childhood Comprehensive System (ECCS) coalition with diverse representation including "front line managers" from participating agencies and consumers (family members, parents, and caregivers) and broad political support to plan and foster positive childhood outcomes; 2) development and promotion of a State Plan for ECCS that builds public and interagency consensus to improve early childhood outcomes; and ultimately 3) economic security and safe living environments that foster healthy pregnancies resulting in healthy babies who become children "ready to succeed" when they enter school. The objectives to move toward these goals will be:

1. Development of a *comprehensive inventory of ECCS resources* in Missouri cross-referenced with the six priority ECCS focus areas by July 1, 2004.
2. Development of an *ECCS gap analysis* with a priority severity index of ECCS gaps identified by October 1, 2004.
3. Determination of priority *ECCS interventions* that can be applied across agencies to close the most severe gaps identified by December 1, 2004.
4. Identification of *ECCS success indicators* to monitor progress in achieving desirable outcomes for each of the six priority ECCS focus areas by December 1, 2004.
5. Distribution and promotion of a *State ECCS Plan* (plan components 1-4) to build public consensus to improve early childhood outcomes by July 1, 2005.

METHODOLOGY: The Missouri Title V agency (DHSS) will facilitate and provide staff support for an interagency planning process that supports the development of a comprehensive early childhood system plan for Missouri. To link this planning initiative with resources and programs to be better integrated, DCH will work with the existing statewide entities (including high level government representatives and major state agencies) with programs impacting the development of children up to age five and expand and establish coordination of services and resources to reach the goal of children who are healthy and "ready to succeed" when they enter school. DCH (ECCS project staff) will work to establish an oversight group (ECCS steering group of front line managers) that will help generate a consensus among ECCS participants for pursuing the goals and objectives of this application. Each of the above objectives reflects an important component of this ECCS planning methodology. Important milestones in this project are reflected in the deadlines for achieving the project objectives detailed above.

COORDINATION: The project will be managed through the DCH Director's Office with staff support from the Section of Maternal, Child and Family Health. Project personnel, including the Project Director and ECCS Systems Coordinator, will serve as an interagency staff resource to the oversight group, which will include state representatives as well as representatives from the private and public sectors including parents/caregivers. This project initiative will seek a working collaborative relationship with MCSC which was established by Missouri Revised Statute 210.101.

EVALUATION: This project will be evaluated against criteria of (1) completion of project objectives by stated deadlines; (2) generation of a plan document with recommendations for integration of the early childhood system in Missouri that planning participants jointly adopt for operating their ECCS related programs; and (3) extent to which the planning phase (interagency plan) positions Missouri to compete for HRSA ECCS implementation phase grants that follow the planning cycle.

KEYWORDS: Access to Health Care; Child Care; Children with Special Health Care Needs, Early Childhood Development; Emotional Health; Family Support Services; Mental Health; Parent Education

Project Narrative

1. Overview, Goals and Objectives

Children are Missouri's most valuable resource. Caring for children and helping them grow into healthy and productive members of society is the most significant responsibility of Missouri State Government. From birth to age five, children rapidly develop foundational capacities on which subsequent development and well being depend. Never has the need been greater for more extensive interagency coordination, more effective utilization of shrinking resources, and less duplication of effort among state agencies and voluntary organizations supporting the healthy development of children "ready to learn" in Missouri. Through this project for the development of an early childhood comprehensive system (including children with special health care needs), the State of Missouri will strengthen current collaborations and partnerships and implement new ones with public and private entities which will include, but not be limited to, the Missouri Children's Services Commission (MCSC); School Readiness Indicators Team (SRIT); Early Childhood Interagency Team (ECIT); Departments of Health and Senior Services (DHSS); Social Services (DHSS); Elementary and Secondary Education (DESE); Mental Health (DMH) and Head Start; Early Head Start; and Family Voices. This project will coordinate efforts to focus on access to health care, mental health and social-emotional development, early childhood development, child care, parent education, family support, and minority health disparities. Indicators from SRIT will be prioritized along with other selected indicators that collectively reflect children "ready to learn" in Missouri.

The goals include: (1) establishment of an interagency statewide ECCS coalition with diverse representation including "front line managers" from participating agencies and consumers (family members, clients and caregivers) that has broad political support to plan and

foster positive childhood developmental outcomes; and (2) development and promotion of a State Plan for an Early Childhood Comprehensive System (ECCS) that builds public and inter-agency consensus to improve early childhood development outcomes; and ultimately (3) economic security and safe living environments that foster healthy pregnancies resulting in healthy babies who become children "ready to learn" when they enter school. The planning objectives to move toward these goals will be:

Objective One: Development of a *comprehensive inventory of ECCS resources* in Missouri that are cross-referenced with the six priority ECCS focus areas by July 1, 2004

Objective Two: Development of an *ECCS gap analysis* with a priority severity index of ECCS gaps identified by October 1, 2004.

Objective Three: Determination of priority *ECCS interventions* that can be applied across agencies to close the most severe gaps identified by December 1, 2004.

Objective Four: Identification of ECCS success indicators to monitor progress in achieving desirable outcomes for each of the six priority ECCS focus areas by December 1, 2004.

Objective Five: Distribution and promotion of a *State ECCS Plan* (plan components 1-4) to build public consensus to improve early child development outcomes by July 1, 2005.

2. Description of State's Early Childhood Issue(s)

Numerous challenges are faced by 369,898 children 0-5 in Missouri, as related to the six focus areas that impact early experience and brain development and are reflected in long-term development outcomes. The ECCS needs assessment data currently available identifies needs and issues related to early childhood development within each of the six ECCS focus areas.

Focus Area One: <u>Access to Health Insurance and Medical Homes</u>

Access to health insurance and medical homes is one of the key components to ensuring healthy pregnancies and healthy infants who develop into healthy children ready to learn.

- 15.3% of children under the age of 18 in Missouri live in poverty.
- 98,511 children under the age of 18 in Missouri are without health insurance.

- 62% of the eligible children ages 0-5 received at least one initial or periodic screen.
- 75.5% of children age 2 are immunized.
- 85.7% of mothers received prenatal care in the first trimester.
- 7.6% of births are low birth weight infants.
- The delivery of needed dental services to young children in Missouri will be seriously compromised and the system of dental health care in this state will be in crisis due to budgetary crisis. In most of rural Missouri, there are virtually no pediatric dentists; and there are only a handful of dentists in this state that accept Medicaid assignment. The state budget shortfall in Missouri may cause Medicaid reimbursements to lag even further behind usual and customary reimbursements and result in fewer dentists accepting Medicaid and seriously limiting access to care.

Focus Area Two: <u>Mental Health and Social-Emotional Development</u>

The environment in which children live impacts their mental health and social-emotional development. The mental health/social development service infrastructure has been significantly impacted in Missouri by state budget cuts. Community mental health centers are cutting back services or even closing in some instances. Many obstetricians, pediatricians, and public health nurses trained in Missouri still do not have adequate training (or support when trained) to deal with maternal depression or to help high risk children move into appropriate child development and mental health delivery systems.

- 3,369 substantiated child abuse and neglect against 0-5 year olds.
- 25,491 children with severe emotional disturbances received services from the Department of Mental Health and Medicaid providers.

Focus Areas Three: Early Care and Education/Child Care

Early childcare services and education are fragmented and unevenly distributed throughout Missouri. The availability, affordability, and quality of adequate day care services for working couples and their young children vary throughout the state.

- 94% of Missouri school districts provide all day kindergarten for 78% of kindergarteners.
- 79% of children entering kindergarten were assessed to have average or above school readiness skills.

Focus Area Four: Parent Education

In order for parents to be prime educators for their children, the parents themselves need to be equipped to nurture their children in early childhood. Availability of evidence-based parenting education and information services, links to other available community resources, and evening and weekend community-based sites to assist parents in being prime educators of their children are needed. Expectant mothers need to be educated of the complications that may result due to her uneducated actions and behavior. "A woman who smokes or drinks during pregnancy may visit long-term damage on the children she bears," Douglas W. Nelson, President, The Annie E. Casey Foundation.

- Examples of evidence-based parenting education and information services used in Missouri are Parents As Teachers (PAT), Head Start, and Early Head Start Project.
- Four nurse home visiting programs (such as the Olds program) are available in limited areas to educate expectant mothers.
- 47% of eligible families participate in PAT program.
- 21,990 children are enrolled in school-based preschool programs supported by DESE.

- 18.9% of mothers have less than 12th grade education.

The rising percentage of children who are obese in Missouri can be attributed, in part, to practices and habits that begin in early childhood and that are reinforced through adolescence. Many young children in this state still do not have adequate diets or go hungry despite the efforts of the Special Supplemental Nutrition Program for Women, Infants, and Children, popularly known as WIC, and other nutritionally related programs for young higher risk children.

- A FFY 2001 system match for the Bureau of Special Health Care Needs (BSHCN) showed 40% of enrollees, age 0-5 years, were enrolled in WIC.
- The Harvard Food Frequency Questionnaire (HFFQ) was used by WIC local agencies to collect dietary information in FFY 2001. In 2001, 64.6% of the children 1 to 5 years of age participating in WIC consumed the minimum number of servings of fruits as defined by the Food Guide Pyramid, while only 36.25% consumed the minimum number of servings of vegetables.

Families and caregivers still need to be properly trained in the need for and proper installation of seat restraints for children and infants. In the publication *Injuries in Missouri: A Call to Action*, December 2002, DHSS's Division of Community Health (DCH) used 1999 data to educate Missouri citizens of the need for injury prevention and provides evidence-based prevention interventions for individuals, parents, community leaders, and policy makers.

- Motor vehicle crashes are the leading cause of death for Missourians ages 1 through 34 years.
- 6.0% of 1,180,876 children aged 14 years and younger die due to motor vehicle crashes.

Focus Area Five: <u>Family Support</u>

Douglas W. Nelson, President, The Annie E. Casey Foundation advises, "An infant born into a family that is poor faces a considerably greater risk of not reaching his or her full potential."

- While the number and percentage of unintended pregnancies has decreased in Missouri in recent years, children with young single parents are still at greater risk of poverty, adverse health, and not succeeding in school.
- 24.3% of Missouri's children live in single parent homes.
- 17.7% of Missouri's children under the age of six live in poverty.

Focus Area Six: <u>Reduction in Minority Health Disparities</u>

Disparities can be correlated with level of income, education, and geographic location, which create unique challenges for delivery of maternal and child health services in Missouri. Douglas W. Nelson, President, The Annie E. Casey Foundation, as found on the Web site "www.aecf.org/kidscount/rightstart2003/whatis.htm" advises, "The circumstances and conditions under which a baby is born have lifelong implications. A child whose mother receives little or no prenatal care is far more likely to experience chronic health problems than other children whose mothers did receive prenatal care. A woman who smokes or drinks during pregnancy may visit long-term damage on the children she bears...America's large cities are home to a disproportionate share of the country's low-income and minority populations. The disadvantages of poverty and discrimination lie behind many of the negative urban indicators in these [KIDS COUNT] tables..." Pregnancies of African-American women in Missouri are more than twice as likely to end in fetal death than those of any other group. The preterm birth rate for the African-

American group is double the rate for most other groups. The overall infant death rate among African-Americans exceeds that of any other group.

- In Missouri, 555 infants die each year of which 185 are African-Americans.
- The preterm birth rate for the African-American group (17.3%) is double the rate for most other groups. Preterm babies contribute to a low birth weight rate.
- In Missouri, 105 children between one and five years of age die each year of which 26 are African-Americans..

Mr. Nelson further advises, "...the Casey Foundation has increasingly centered its work on the proposition that children do best when their families do well, and families do better when they live in supportive neighborhoods. Stated negatively, kids fare the worst when families are weak, and families are weakest in those communities that lack access to economic opportunity, positive social networks, and quality public education and service systems."

Economic security and safe living environments foster healthy pregnancies resulting in healthy babies who are healthy young children “ready to learn” when they enter school and begin the journey to becoming productive citizens.

3. Summary of Early Childhood Issues in Missouri

While Missouri, like other states, has early childhood development issues falling within each of the ECCS priority focus areas previously outlined, there are systemic issues that cut across all of these focus areas that will require ECCS systems building and improvement to better achieve the goals of this application:

Early Childhood Development System Issue One: There is currently a quantifiable lack of ECCS system infrastructure capacity in Missouri to support delivery of some services children

require for their development. Adequate day care services and dental services for children (particularly the indigent) are examples of this systemic ECCS issue.

Early Childhood Development System Issue Two: Many of the services children in Missouri require to develop into healthy adults, are available regardless of family income, but are not accessed by sufficient numbers of children that would benefit from such services. Less than 80 percent of children in Missouri receive the recommended series of immunizations while vaccines are available through various sources for any child that needs to be immunized. Less than 37 percent of children participating in Missouri's WIC program receive the recommended number of daily servings of vegetables.

Early Childhood Development System Issue Three: In an era of dwindling budget resources, there is still no consensus among state agencies, community partners, and Missouri families regarding what interventions this state should make the greatest investment in to promote measurable positive childhood development. Some interventions while known to be effective, still lack impact because they are diluted by under funding and are not always targeted to children with the greatest risk. Agencies in Missouri must not only systematically collaborate more closely to avoid duplicative services but they must also come together around priority ECCS interventions that all childhood development related agencies and local communities can collectively support to better achieve positive childhood outcomes.

Early Childhood Development System Issue Four: While some childhood issues in Missouri are assuming epidemic proportions in this state, there is not a collective state (system) response to certain issues that can have lifelong consequences for Missouri's children. One example is the growing rate of obesity among younger and younger children in this state. The growing obesity

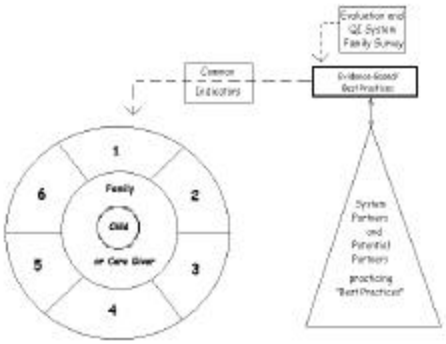
rate among Missouri's children calls for a more collective response from multiple agencies to reduce this epidemic.

Early Childhood Development System Issue Five: Minority health disparities not only merits ECCS priority focus area status, but minority disparities is also a pernicious component of each of the other five focus areas. There continues to be a measurable disparity between the developmental outcomes of minority children in this state when compared to the developmental outcomes of other children in Missouri.

While the assessment conducted for this application revealed specific programmatic problems within each of the ECCS focus areas, the challenge to the ECCS Planning Coalition this application would support, is to forge a more common and stronger statewide focus through development of a state plan with priority interventions and targets in an early childhood development system that results in children ready to learn. Therefore, the goals and objectives for this planning grant have been framed against the systems issues identified above that call for greater integration of ECCS resources in Missouri.

A schema of the six focus areas of emphasis from which to approach these ECCS systems issues and move toward integration and better development of a MCHB comprehensive early childhood development system in Missouri has been established (see following illustration).

Missouri Early Childhood Comprehensive System's Areas of Focus



1. Access to Medical Homes
2. Mental Health and Social Emotional Development
3. Early Care and Education/Child Care Services
4. Parent Education Services
5. Family Support Services
6. Reduction in Minority Health Disparities

4. Recent and Early Childhood Comprehensive Systems (ECCS) Efforts in Missouri

This ECCS planning process and resultant State Plan supported through this grant application will be linked to and will influence other early childhood development initiatives in Missouri. This initiative will be a logical outgrowth of and system expansion of the Healthy Child Care America 2000 initiative that was also sponsored by MCHB of the Health Resources and Services Administration (HRSA). DHSS's Bureau of Child Care (BCC) is working closely with DCH to merge these initiatives (as is HRSA) and expand the scope of ECCS development beyond care providers to include a broader constellation of state agencies and advocacy groups also investing in early childhood development. DCH is also partnering in the School Readiness Indicators Initiative, an integrated initiative of 17 states funded by the Packard, Kauffman, and Ford Foundations that will use child well-being indicators to improve school readiness and ensure early school success. Through the years, DHSS has worked closely with Citizens for Missouri's Children which produces the "KIDS COUNT" report each year. This report includes county profiles that mirror state and national profiles produced by the Annie E. Casey Foundation with key indicators related to the overall health status of children. Some of those indicators relate to indicators Missouri is proposing for the State ECCS Plan supported by this grant. Citizens for Missouri's Children relies largely upon data generated by the DHSS's Center for Health Information and Management Evaluation (CHIME) for data used in the "KIDS COUNT" report. DHSS staff has also been closely involved in other statewide initiatives to improve early childhood development systems in Missouri.

In May 1997, the then Governor Carnahan established the Governor's Commission on Early Childhood Care and Education to assess opportunities to integrate resources and improve

early childhood development systems. In December 1997, this Commission issued its findings which included the following policy recommendations and goals reached as of December, 2002:

- Support Creation of Cohesive Early Care and Education System
  - 1999, Resource and Referral Network established
  - 1999, Early Learning Information On-line Together (DOH data system) implemented
- Support Expansion of Local Early Care and Education initiatives
  - 1999, school districts, community partnerships, and private providers applied for early learning initiatives funding through DESE and DSS as part of Early Childhood Development, Education and Care Fund legislation and programs were implemented.
- Set High Standards for Early Childhood Care and Education
  - 1999, "Good Beginnings" campaign began with printed materials and radio and TV ads.
  - 2001, Citizens for Missouri's Children received a grant to develop messages around early care and education policy issues for targeted audiences.
  - 1999, bill passed for child abuse and neglect and criminal background checks for workers; supervisors to be 18 or over; providers must have working telephone; providers must be free of tuberculosis; subsidized providers to receive orientation briefings, materials about regulatory processes and information about appropriate practices.
  - 2000, approximately 600 providers eliminated due to background checks.
  - 2000, Family Care Safety Registry implemented.
- Promote Training and Education of Early Care and Education Practitioners
  - 1999, private funding secured to complete Opportunities for Professional Education Network (OPEN) to help develop a professional development system for early care and education practitioners; 2002 DHSS contracted with OPEN to recruit practitioners and trainers for registration.
  - 2001, core competencies distributed; 2002 Practitioner registry begins pilot at DHSS and trainer registry begins pilot at DHSS.
  - 2000, T.E.A.C.H. model pilot begins.
  - 2002, Workforce Incentive (WIN) pilot begins.
- Establish School-Linked Programs for 3 and 4 Year Olds
  - 1999, promulgation of rules related to preschool programs, include limiting operating time to six hours so programs are not full day and are not required to be full year.
- Assure Sufficient Funding and Create Incentives to Promote Quality Early Childhood Care and Education
  - 1999, legislation passed to allow license-exempt early care and education programs to participate in the federal Child and Adult Care Food Program.
  - 1999, DSS implemented Early Head Start as part of 1519; other incentives added: evening/weekend care, special needs, disproportionate share.
  - 2002, DSS proposed rate increase for licensure in budget.
  - 2002, rate was 121% of federal poverty level for subsidies for families.

- 2003, interdepartmental team develops and proposes a new plan for professional development, training, and education.

DCH, which managed the first Governor's Conference on Child Health in 1999, sought and received heavy participation in that conference from the American Academy of Pediatrics. DHSS's Director and Deputy Director now actively participate in the Children's Services Commission. The Department of Health and Senior Services collaborative efforts also extends to specific focused program initiatives:

- **School Readiness Indicators Initiative –**The School Readiness Indicators Initiative is a 17-state initiative supported by the David and Lucile Packard Foundation, the Ewing Marion Kauffman Foundation, and the Ford Foundation. The state teams work individually and as a group to develop a comprehensive set of measures to monitor school readiness and service system outcomes for children and families. Rhode Island's KIDS COUNT, a multi-issue children's policy organization is the lead agency for this national initiative. Each state team consists of multi-agency senior policy and data staff. DHSS's DCH and BCC have representatives serving on the Missouri team.
- **Missouri's Head Start Collaboration Project –** This program receives guidance from an advisory Committee Board, which includes representatives from DESE, DHSS, DMH, and DSS. This interagency advisory board, along with the staff of the Head Start State Collaboration Office, has identified seven priority areas. They are health care, welfare, childcare, education, family literacy, services to children with disabilities and homeless children. This office, the state agencies on the Advisory Board, and staff from Region VII are all collaborating to support and implement the new Early Head Start initiative in Missouri.

- **Early Childhood Interagency Team (ECIT) –** The members of ECIT are representatives from DESE, DHSS, DMH, DSS, and Head Start State Collaboration Office. The team meets regularly to ensure that childcare initiatives are coordinated through these agencies and the Head Start State Collaboration Office. Members of the ECIT team provide each other with support and consultation on major child care initiatives and programs in Missouri.
- **Pediatric Leaders for the 21st Century -** As a result of partnerships formed in previous years, a team of individuals, supported by DHSS, applied for and was accepted to participate in the Pediatric Leaders for the 21st Century. The Pediatric Leaders is a joint project between the American Academy of Pediatrics and Johnson and Johnson. The Missouri team includes a pediatrician, a nurse consultant, Head Start consultant, childcare provider, and the former project director for Healthy Child Care Missouri. The team's focus is developing demonstration sites to model access to medical homes for children through childcare.
- **Systems of Care Initiative** - The DCH Director's Office is participating with the DMH in the development of the Statewide Systems of Care Initiative. Primary goals are to increase number of children and youth with complex mental health needs who remain in their own home or home-like settings, increase days they spend in school, enhance communications across agencies, enable agencies to better use scarce resources, and identify gaps and build system capacity.

5. Mobilization of ECCS Partnerships to Focus on Development of an ECCS Plan

Early Childhood Comprehensive Systems (ECCS) coalition partners identified in this application share a vision of economically secure and safe living environments that foster

healthy young children "ready to learn" when they enter school. Multiple state agencies and initiatives are addressing the issue of preparing children to be healthy and "ready to learn" upon entering school. Among those are the Missouri Children's Services Commission, SRIT, ECIT, Department of Elementary and Secondary Education (DESE), Department of Health and Senior Services (DHSS), Department of Mental Health (DMH), and Department of Social Services (DSS). SRIT includes Missouri's First Lady, Lori Hauser Holden and representatives from DESE, DHSS, and DMH and the Center for Family Research and Policy, University of Missouri-Columbia. As previously mentioned, this team is developing a set of measures for monitoring school readiness of Missouri's children. The ECIT consists of representatives from DESE, DHSS, DMH, and DSS plus the Head Start Collaboration Office. This group has developed a publication of the programs related to early childhood development with descriptions of services and contacts. These three established groups will allow for statewide collaboration from a wide array of interest groups and for policies and procedures to be developed and facilitated in the recommendation and approval by legislators. The proposed ECCS Planning Coalition will further meld these ECCS interests together to reduce duplication of services and allow funding to be more efficiently used and/or returned to the economy of the local communities. There are numerous other private children's advocacy groups such as Family Voices, Citizens for Missouri's Children, and the Children's Trust Fund through which the major state agencies collaborate with to support developmental services for children. The Children's Services Commission is a policy recommending body of high ranking state officials that reviews proposed legislation affecting children. The Missouri Children's Services Commission was established by Missouri Revised Statute 210.101 and is charged with establishing an integrated state plan for the care provided to children in this state. As established in the statute, the

members are the director or deputy director of state departments, a juvenile court judge, two members from each political party of the House of Representatives, two members from each political party of the senate, and invited individuals representing local and federal agencies or private organizations and the general public. Representative Vicky Riback Wilson is the chair of the commission. Her state and national awards and legislative action attest to her work in support of developing systems to support the early development of children in Missouri. The CSC has provided a strong letter of support for this ECCS planning initiative and the chairperson for that commission or her designee will serve as a CSC liaison to the ECCS Planning Coalition. This commission will continue to play an important role in encouraging greater interagency coordination and more effective use of state resources and will work with the Division of Community Health to enlist "front line ECCS managers" to serve on the Steering Committee of the proposed ECCS Planning Coalition. Of all the interagency groups focused on early childhood development initiatives in Missouri, SRIT is the most proactive at this time. This team has already completed an initial process identifying indicators for school readiness for Missouri's children. The DCH has worked with this team to array those indicators across the six ECCS priority focus areas (see Appendix G). Front line managers from SRIT and ECIT will, along with project staff, form the working nucleus of the ECCS Coalition. Letters of support for this application have the names of some of the persons that will make up a steering committee for the larger coalition.

The Division of Community Health currently supports a state service coordination network involved in the case management of activities targeted to vulnerable families and children. Through DCH family advisory groups and similar advisory groups in other state agencies, family representatives will be invited to serve on the ECCS steering committee and on

the larger ECCS Coalition which might be viewed as a state ECCS advisory group. DCH as the lead state agency working with Family Voices to improve services for children with special health care needs would also invite volunteers from that community advocacy group to serve on the steering committee and the larger coalition. The Department of Health and Senior Services is actively participating on SRIT and on ECIT. Agencies on those working groups can be considered actual partners already lined up to participate in the ECCS initiative and other potential partners are emerging:

Actual ECCS Partners:

- Department of Health and Senior Services: Bureau of Special Health Care Needs
- Department of Health and Senior Services: Bureau of Child Care
- Department of Elementary and Secondary Education
- Department of Social Services
- Department of Mental Health
- Head Start State Collaboration Office
- State Children's Service Commission (Office of the Governor Liaison)
- Family Voices
- Children's Trust Fund
- Missouri Legislative Liaison

Potential ECCS Partners

- Citizens for Missouri's Children
- Family member from BSHCN Advisory Group
- Family member from DSS Family Advisory Group
- Family member from DMH Family Advisory Group

The above participants would make up the ECCS steering committee group and would help project staff recruit an array of community based child advocates from around the state to make up a broader coalition. There are numerous other private agencies with which these entities work. They are identified in the matrix in Appendix D. Strategies project staff and the steering committee will employ to build a statewide ECCS coalition, include the following:

Strategy One: Letters of support for this application will form the foundation for the creation of an ECCS planning coalition steering committee. This application includes a letter of support from the legislative chairperson for the Missouri Children's Services Commission. This commission is an extension of the Governor's Office in Missouri and a key element in building political support for this ECCS initiative.

Strategy Two: The proposed ECCS Planning Coalition will be melded from existing ECCS initiatives in Missouri and will integrate those initiatives into the goals, objectives and activities of this application to avoid duplication of effort and build a stronger interagency ECCS alliance.

Strategy Three: Existing advisory groups from participating state agencies (DHSS, DSS, DESE, DMH) will nominate family member ECCS planning coalition participants to again avoid duplication of effort and assure adequate family/client input into this planning process.

Strategy Four: The Systems Coordinator and Steering Committee members will use this application, initial subcommittee reports and personal contacts to encourage an inclusive range of children's interests (housing, employment, community safety and family support interests) to join and participate in the ECCS Coalition.

Strategy Five: Legislators championing this ECCS planning process will be encouraged to recruit other Missouri legislators who share the same passion for improving early child development services and systems in Missouri.

Strategy Six: Some of the ECCS coalition meetings to be scheduled will be open (announced) to the general public and the media in an effort to draw more children's advocates into this process.

Strategy Seven: Some agencies and individuals who are initially reluctant to participate will be provided with draft reports from the subcommittees as an enticement to more fully participate in this ECCS planning process.

6. Description of ECCS Planning Process

ECCS Planning Overview

To support these strategies, The Division of Community Health and the ECCS project team will forge the state ECCS planning coalition through its current involvement with the State Children's Services Commission, SRIT, and ECIT. The DCH is already working closely with Representative Vicky Riback Wilson on numerous legislative issues impacting the development of children in Missouri. Representative Wilson currently chairs the State Children's Services Commission and will be a key player in the ECCS planning coalition. ECIT developed a

preliminary inventory of early childhood services in 2000. The work of that team will be brought forward and updated as part of the inventory of early childhood resources proposed as part of the state ECCS plan. The Division of Community Health and the ECCS project team will build upon the "front line ECCS managers" currently participating on SRIT to create a steering committee for the larger ECCS planning coalition. The Division of Community Health and its ECCS project staff will provide staff support for an interagency planning process that supports the development of a comprehensive early childhood development system for Missouri.

To link this planning initiative with resources and programs to be better integrated, DCH will work with the existing statewide entities (including high level government representatives and major state agencies) with programs impacting the development of children up to age five and expand and establish coordination of services and resources to reach the goal of children who are healthy and "ready to learn" when they enter school. A matrix has already been developed to show agencies providing services addressing the areas of focus and/or with whom collaborations have been established (see Appendix D). The matrix allows for ready identification of areas which are strong or need to be strengthened. One or more of the six focus areas are marked if an agency addresses the needs of the focus areas identified in earlier sections of this application. This was accomplished during a meeting of DCH staff including all staff that will support this initiative. The meeting resulted in the addition of the sixth focus area, Reduction in Minority Health Disparities. To assist the agencies participating in the ECCS Planning Coalition determine if their services address these areas, the agencies will be provided the definitions (see Appendix D) of these focus areas:

- Access to Medical Homes
- Mental Health and Social Emotional Development
- Early Care and Education/Child Care Services
- Parent Education Services

- Family Support Services
- Reduction in Minority Health Disparities

Methodology to Plan for Development and Integration of ECCS Resources in Missouri

Building and working with a State ECCS Planning Coalition, the following planning methodology will be followed:

(1) an inventory of existing resources now supporting early childhood development systems will be carried out;

(2) identification of gaps and opportunities for better coordination of resources will result from a gap analysis;

(3) identification of evidence-based interventions and best practices that can be supported across agencies and communities to better integrate early childhood development systems in Missouri;

(4) identification of indicators to monitor progress in integrating childhood development resources, baselines and targets for each ECCS indicator selected;

(5) region by region distribution and promotion of "unified ECCS state plan" by representative subgroup of ECCS planning coalition through press conferences, presentations to advocacy groups and interested members of the public and simultaneous placement of ECCS plan document on web sites of participating coalition members.

In Missouri, a framework to support this methodology already exists for the ECCS Planning Coalition to build upon and is described as follows:

J **Identification of Evidence-Based/Best Practice Models**

Working with the Office of Epidemiology, St. Louis University, and the Centers for Disease Control, Dr. Pamela Xaverius (MCH Consulting Epidemiologist) has already

conducted preliminary research aimed at identifying evidence based/best practices and interventions that state ECCS partners in this process can support across their agencies to help integrate and improve early childhood development systems in Missouri. Definitions of "evidence based" and "best practice" have been adopted and several "best practices" have been identified as candidates for statewide "best practices" for improving early childhood development outcomes including the "ready to learn" goal outcome proposed in this application. Dr. Xaverius has completed a preliminary analysis of best practices in early childhood interventions, see Appendix F. She has provided a list and description of programs which "offer an array of services to young children and their caregivers that based upon her initial research resulted in long-term improvements in school performance, higher employment, less welfare, lower involvement in criminal activity and less need for special education services." Below is a list (programs with an asterisk currently exist in Missouri):

- Perry Preschool Program (3-4 years)
- Carolina Abecedarian Project (6 weeks to 5 years)
- *Parents as Teachers (PAT) (birth to kindergarten)
- *Prenatal/Early Infancy Project (Olds Model) (pregnancy to 2 years)
- Infant Health and Development Program (birth to 3 years)
- AVANCE Parent Child Education Program (birth to 3 years)
- Early Training Project (4 to 5 years)
- Harlem Training Project (2-3 years)
- Milwaukee Project (3-6 months)
- *Project Head Start (Early Head Start)
- Chicago Child-Parent-Child Development Center (PCDC) (1 to 3 years)
- Houston Parent-Child Development Center (PCDC) (1-3 years)
- Syracuse Family Development Research Program (FDRP) (prenatal to 5 years)
- Project CARE (2 to 4 years)

Coalition participants will be asked to review the research and documentation supporting these and other potential "evidence-based/best practices" that they will assess for inclusion in the state plan.

ϑ Indicators to Track Early Childhood Outcomes

The Pathways Mapping Initiative (developed in partnership with the Technical Assistance Resource Center of The Annie E. Casey Foundation) is one source for guidance and confirmation in the selection of the indicators. In comparing the indicators selected so far by SRIT and those indicators identified by the Pathways Mapping Initiative, it is found that there are similar indicators. A chart is located at **www.aecf.org/pathways/outcomes/schoolreadiness** and is attached as Appendix H. The similar indicators include healthy pregnancies, health and dental care, good nutrition, early intervention for children and families at risk, protection from unintentional injury, high quality child care and early education, access to services that respond to child abuse, neglect, and other problems and crises, families economically successful, and affordable safe housing in stable neighborhoods. Additionally, the Web site **www.accf.org/pathways/outcomes/school readiness/all_rational.htm** for Pathways Mapping Initiative provides explanations to the questions as to why planned pregnancies and responsible, supportive networks in safe neighborhoods and high quality, affordable prenatal care, immunizations, and good dental care lead to healthier babies with fewer physical disabilities and allow children to remain healthy, attend school, and focus on learning.

The indicators have been selected at this time by SRIT encompassing selected Missouri Title V indicators related to early childhood development to track progress in achieving the overall desired outcome of an improved comprehensive early childhood development system in Missouri-children who are "ready to learn" when they enter school as a result of safe nurturing environments that are economically secure and that maintain the health of the child. The specific indicators are listed in Appendix G. In some instances, the statistics are still

being obtained or the data collection is being developed. Completion of the baselines and data modules will be part of the planning process identified in this grant. The work and indicators of this grant will complement but be much broader than the School Readiness Indicators Initiative. Upon their finalization, the indicators prioritized by ECCS focus area will be submitted to the Missouri Children's Services Commission for their review:

- **Access to Health Insurance and Medical Homes –** These will reflect low birth weight infants, prenatal care, poverty, access to health insurance and availability of and access to medical professionals.
- **Mental Health and Social-Emotional Development –** Availability of mental health services for children, domestic violence, community environment, housing, child abuse, out of home placement and children's ability to cope with interactions with others and coping with frustration and failure will be included as indicators.
- **Early Child and Education/Child Care –** Availability of accredited child care facilities with sufficient trained child care providers, participation in Head Start, quality before and after school programs, appropriate reactions to new experiences and challenges, appropriate age-level language development, cognition and general knowledge, identification of children with special health care needs, and participation of parents in children's early childhood development will be reflected in the indicators for this focus.
- **Parent Education –** These indicators will identify level of mothers with education under 12th grade, knowledge of mothers of consequences of substance abuse, families participating in Parents As Teachers, awareness of steps to prevent injury, and ability to read to children.

- **Family Support –** These indicators will reflect financial circumstances of the family by identifying families spending more than 20% of their income for early child care, children receiving nutrition services, families moving, and children exposed to lead.
- **Reduction in Minority Health Disparities –** The focus area of minority health disparities will have indicators which show the differences between other ethnicities/races and the whites in pre-term births, infant mortality, obesity/nutrition, reading abilities, access to early child care, and levels of cognition and general knowledge.

Building an ECCS Planning Coalition from Existing Interagency Partnerships

To support this methodology, ECCS project staff will work with the existing SRIT and ECIT to expand their memberships to include representatives from children's advocacy groups and interested members from the general public. This expanded group will be called the State ECCS Planning Coalition. Members of the existing SRIT have identified a preliminary list of indicators to track early childhood outcomes (see Appendix G). With staff support identified in this grant, this team will group and link these indicators within the six focus areas identified in Appendix D. The team (with the assistance of a facilitator) will then prioritize focus areas and indicators within each focus area. ECIT has completed a preliminary inventory of Early Childhood Services. The previous work of these teams will set the stage for the analysis and linkage of interventions to focus areas (and related indicators) that can be supported across all participating agencies/advocacy groups. The "front line ECCS managers" from state agencies now serving on these teams will be expanded to include representation from children's advocacy groups and the general public. That expansion will occur through the creation of subcommittees to work on each of the

objective milestone areas referenced above. The diagram in Appendix E depicts these working relationships. As progress in achieving these objective milestones is evaluated, progress reports will be shared with the State Children's Services Commission and HRSA project personnel. As indicated in the overview section of this application, multiple state agencies and initiatives are addressing early childhood development issues, which include the SRIT, ECIT, and the Missouri Children's Services Commission.

Sustainability of ECCS Planning Process in Missouri

Consensus and sustainability are crucial elements of the ECCS planning process in Missouri. When completed, the State Plan (to integrate early childhood development systems in Missouri) will provide an "integrated blueprint" for improving early childhood development systems in Missouri. This plan will reflect a united front among key state agencies (partners identified in this application) and other stakeholders for realigning existing early childhood development resources around proven evidence-based/best practices interventions and for targeting those interventions throughout Missouri where children from 0-5 are at greatest risk. This plan will assist the Governor's Office, legislators (some of whom will participate on this coalition), state agencies, and local communities in identifying programs and interventions that need to be maintained to protect and assure the healthy development of Missouri's most vulnerable population: children from 0-5. As the economy improves, this plan will also be a blueprint for expanding and streamlining the early child development system infrastructure in this state. Some of that infrastructure realignment will come through improvement of data systems to track early childhood intermediate outcomes and the ultimate "ready to learn" outcome identified in this application. The Center for Health Information and Management Evaluation (CHIME) will take the lead in improving

data systems supporting early childhood development in Missouri. The state plan will identify specific indicators where the frequency of data collected needs to be improved or where new sources of data for some indicators need to be established and supported. The improvement of common sources of data that all ECCS coalition participants and the public can access from state agency internet sites, will be a key element in building consensus around ECCS indicators and sustaining the momentum of this ECCS initiative. The plan will also be a tool to promote "best practices" and interventions that work to assure the healthy development of children in this state. The promotion of those priority practices will influence policy and legislation related to Missouri's investment in early childhood development systems and programs. ECCS families and stakeholders participating in ECCS coalition activities may be the most crucial element in sustaining this process. Some families, as members of the ECCS steering committee, will participate directly in the oversight of this process while others will have input through a series of focus groups that will be structured to provide qualitative data on gaps and opportunities to improve early childhood development systems in Missouri. Every opportunity will be taken to extend participation of the families involved in the ECCS planning phase into the implementation phase (future grant cycles) of this process as a method of sustaining the viability of the State ECCS Plan. The development of this application has not revealed major differences among the potential partners in the ECCS planning process as many of the partners are already participating together in current ECCS initiatives previously identified. The ECCS partners referenced in this application are united in their desire to build and improve an early childhood development system in Missouri that will result in the outcome of children "ready to learn." The challenge to the ECCS planning coalition this application would support is to

forge a more common and stronger statewide ECCS focus through development of a state plan with priority interventions and targets moving Missouri toward that outcome.

7. Description of Action Steps Resulting in ECCS Plan

The following outline summarizes (in chronological sequence) the action steps that will be taken to move toward development of a state ECCS plan for Missouri.

	Action Step	Lead Responsibility	Deadline
1.	Develop and submit HRSA ECCS for MO detailing current ECCS needs* and initiatives in MO and job requirements for individuals to be assigned to ECCS planning initiative. ∫ Project Director ∫ ECCS Systems Coordinator ∫ Research Manager ∫ MCH Consulting Epidemiologist ∫ MAS II ∫ Planner III	Project Director ECCS Systems Coordinator Section Chief MAS II	March, 2003 to August 1, 2003
	*Existing Title V Needs Assessment used to help identify current ECCS needs by HRSA focus areas		
2.	Announce and recruit ECCS Systems Coordinator	Project Director	Completed
3.	Seek sanction of action steps, goals, and objective milestones identified through Children's Services Commission chartered through Governor's Office to include an expectation of progress reports to be generated by ECCS planning coalition	Project Director	March 1, 2003 to August 30, 2003
4.	Identify key early childhood development planning participants from state agencies serving on SRIT and participants from 2-3 child advocacy groups through distribution of application and invitations to participate in ECCS planning coalition	Project Director ECCS Systems Coordinator	September 1, 2003
5.	Identify selected members of the public to participate on the ECCS planning coalition through placement of ECCS HRSA grant application on DHSS Web site and with newspaper ads asking for volunteer participants (4-5 citizen participants)	Project Director ECCS Systems Coordinator	November 1, 2003
6.	Identify and share with ECCS Planning Coalition members a "plan to plan" that would detail the following: ∫ Goals & Objectives of this initiative ∫ Coalition and subcommittee structure with working charge for each subcommittee:	Project Director ECCS Systems Coordinator Planner III Research Manager	December 1, 2003

- θ One: Inventory of ECCS Resources
- θ Two: ECCS Gap Analysis
- θ Three: Indicators & Interventions
  (five or more ECCS front line managers will be chosen to serve as leads for subcommittees and to serve on coalition steering committee. At lease three family representatives to be nominated by DCH, DSS, DESE & DMH advisory bodies)

∫ Process & methodology to prioritize (rank) severity of gaps, linkage of indicators to gaps/needs, and potential impact of interventions being reviewed

∫ Timeline detailing when the work of each sub-committee would occur, link together and **dates for completion of ECCS state plan components:**

- θ ECCS needs assessment by focus area
- θ ECCS resources inventory
- θ ECCS "success indicators" with baselines & targets to measure state performance
- θ ECCS Gap Analysis
- θ Priority interventions to be pursued to reduce gaps and move indicators (recommendations would center on how to better support priority interventions across state agencies)

7.	Four to five ECCS focus groups to be conducted with groups comprised of ECCS stakeholders and families with concerns about development of their children. Discussion guide will include questions related to gaps in ECCS services and interventions (programs) that would work to close those gaps and how state ECCS agencies can better pool their resources. Participants may be drawn from the ECCS coalition and/or from clients served by coalition members. Results to be considered by subcommittees in assessing service gaps and priority interventions.	Consultant Epidemiologist & ECCS Systems Coordinator working with outside focus group facilitator	March 1, 2004 to June 1, 2004
8.	Initial "Focus Area" survey to be distributed to ECCS Planning Coalition participants and reviewed by project staff and ECCS steering committee members	ECCS Systems Coordinator Planner III ECCS Steering Committee	April 1, 2004 to June 1, 2004
9.	Subcommittee report detailing inventory of ECCS resources in Missouri. Resources will be outlined in two primary formats: ∫ Resource directory format so distinction can be made between state and local ECCS resources and geographical resource disparities emerge ∫ ECCS resources arrayed by focus areas as a first step in the ECCS gap analysis ∫ Report provided on all coalition members and to participating agency heads as a chapter report of the ECCS state plan	ECCS Systems Coordinator Planner III, & subcommittee	July 1, 2004

10. Subcommittee report detailing an ECCS resource gap analysis in Missouri will be finalized from two frameworks: ∫ Gaps in ECCS resources and systems that exist uniformly across Missouri ∫ Gaps in ECCS resources and systems that are more acute in specific regions of Missouri ∫ Report provided to all coalition members and to participating agency heads as a chapter report of the ECCS state plan	Project Director ECCS Systems Coordinator Planner III & subcommittee Consultant Epidemiologist	October 1, 2003
11. Subcommittee report applying methodology to rank severity of gaps and determine interventions that can best be applied across agencies to reduce those gaps will be completed. This subcommittee will also confirm priority ECCS indicators the coalition and state will follow to monitor impact of interventions supported. (Report to be provided to all coalition members and to heads of agencies represented as a draft chapter of state ECCS plan)	Project Director ECCS Systems Coordinator Consultant Epidemiologist (& outside facilitator to work with subcommittee & full coalition) Research Manager	December 1, 2004
12. All subcommittee reports will be integrated into one draft ECCS plan for Missouri. Draft report to be distributed to: ∫ ECCS coalition members ∫ Heads of participating state agencies ∫ Governor' s Office & Children's Services Commission	Project Director ECCS Steering Committee of "front line managers" & ECCS Systems Coordinator Planner III Research Manager	February 1, 2005
13. Based on comments received in step 12, ECCS State Plan will be finalized for statewide distribution.	Project Director ECCS Steering Committee of front line managers & ECCS Systems Coordinator	April 15, 2005
14. Printing the ECCS Plan for distribution (grant budget will determine number of plans to be printed)	ECCS Systems Coordinator	May 1, 2005
15. Distribution and Promotion of State ECCS Plan with a "Message from the Governor" ∫ Coalition members will be selected to host media conferences (through press releases) in key population centers across Missouri θ Kansas City θ Columbia/Jefferson City θ St. Louis θ Kirksville θ Joplin θ Cape Girardeau θ Springfield θ 2-3 selected rural communities ∫ Coalition members and other ECCS advocacy groups will be provided with a supply of ECCS plans ∫ The final ECCS plan will be placed on the Web sites of all state agencies participating in the coalition cross linked with HRSA web sites and the Web site of the Governor's Office ∫ The number and source of "web site hits" will be monitored	Project Director ECCS Steering Committee ECCS Systems Coordinator DHSS, DESE, DSS, and DMH Offices of Public Information	May 15 to July 1, 2005

16. Final "focus area" survey" to be distributed to ECCS coalition participants with results compared to initial focus area survey	Project Director ECCS Systems Coordinator Planner III ECCS Steering Committee	July 1, 2005 to September 1, 2005
17. ECCS Statewide Tracking & monitoring systems in place based upon priority ECCS indicators in state plan: ∫ Baselines ∫ Intermediate targets ∫ Desired outcomes	Project Director ECCS Systems Coordinator Consultant Epidemiologist Planner III ECCS Steering Committee Research Manager	September 1, 2005
18. Preparation and submission of Early Childhood Comprehensive Systems Grant (Implementation Phase)	ECCS Systems Coordinator Planner III Consultant Epidemiologist ECCS Steering Committee	May 1, 2005 to September 1, 2005
19. Evaluate results of ECCS planning grant process in Missouri ∫ Goals met ∫ Objectives met ∫ Interventions identified and receiving collective coalition support ∫ Indicators established and being collectively tracked ∫ Issue final progress report to HRSA, the coalition and the Children's Services Commission	Project Director ECCS Systems Coordinator ECCS Steering Committee Planner III Research Manager	May 1, 2005 to September 1, 2005

8. Evaluation of ECCS Planning Process in Missouri

The initial step in the evaluation of this ECCS planning initiative will be a survey distributed to state, local and voluntary agencies participating on the ECCS Planning Coalition. The purpose of this survey is to address which agencies are still or will be providing ECCS service interventions, which address each of the focus areas. The survey will request participating agencies to provide data to illustrate the impact of the programs(s) for each of the focus areas those programs impact. To assist the agencies in determining if their services address focus areas, the agencies will be provided the definitions (see Appendix D) of these focus areas:

- Access to Medical Homes
- Mental Health and Social Emotional Development
- Early Care and Education/Child Care Services
- Parent Education Services
- Family Support Services
- Reduction in Minority Health Disparities

Toward the end of the second year of the ECCS planning process, this survey will be repeated to determine if based upon participation in ECCS planning coalition activities, agency participants have realigned their ECCS programmatic initiatives to more closely reflect priority interventions, indicators and outcomes that emerge from the work of the ECCS subcommittees. The comparison of before and after ECCS focus area surveys will be an important component of the evaluation of this process.

Project staff and the ECCS Planning Coalition members will also evaluate this initiative against criteria of (1) completion of project objectives by stated deadlines as detailed in the milestone activities depicted in the description of action steps that will result in an ECCS plan in the preceding pages of Section 7. Description of Action Steps Resulting in ECCS Plan; (2) generation of a plan document with recommendations for integration of ECCS services within the early childhood development system in Missouri that is jointly adopted by ECCS planning participants; and (3) extent to which the planning phase (interagency plan) positions Missouri to compete for HRSA early childhood comprehensive systems implementation phase grants. A preliminary evaluation and final evaluation of this ECCS initiative will be included in the year one and year two HRSA progress reports and will be distributed to all coalition participants.

Appendix D. Matrix of Initiatives, Matrix of Agencies, and Definitions of Six Focus Areas for Missouri Early Childhood Comprehensive System (ECCS)

Missouri ECCS Matrix of Initiatives*

Early Childhood Focus Area	Existing Initiatives	Needs
1. Access to Medical Homes	--Children with Special Health Care Needs (CSHCN) Service Coordination Network --Dept. of Mental Health (DMH) Systems of Care Initiative --Pediatric Leaders for the 21st Century --Selected Family Voices Programs --Selected Local Public Health Agencies (LPHAs) programs --State Children's Health Insurance Program (SCHIP) Enrollment	--Decrease the number of children in MO without insurance from 90,000+ --Increase oral health resources --Improve access to medical homes
2. Mental Health and Social Emotional Development	--Community Support Workers --Dept. of Health and Senior Services (DHSS) & Dept. of Social Services (DSS) Home Visiting Network for mothers and children --DMH Systems of Care Initiative --DMH Women and Children Treatment Program, including CSTAR --DSS Family Assessment and Services --Head Start and Early Head Start --Parents as Teachers (PATs) Programs	--Increase training of primary care providers on how to treat maternal depression for high risk children --Reduce instances of child abuse and neglect --Strengthen and build mental health delivery infrastructure
3. Early Care and Education/Child Care Services	--DHSS Child Care Safety and Licensure Program --DSS Early Childhood Development, Education, and Care Fund --DSS EPSDT Screening --DSS and DMH Case Management and Assessment for 1-5 year olds --Home Visiting Network --HSL program to train day care providers --LPHAs & DHSS Child Care Health Consultation Program (Healthy Child Care Missouri) --PATs	--Reduce shortage of day care providers --Distribute more evenly day care providers --Increase percentage of children entering kindergarten ready to learn --increase capacity of, and access to, quality early childhood programs for all MO families
4. Parent Education Services	--Head Start and Early Head Start --PATs --Selected Home Visiting Programs	--Increase number of mothers with 12th grade education --Increase number of children in PAT Program --Improve availability of selected Home Visiting Programs --Increase number of eligible children enrolled in WIC
5. Family Support Services	--Caring Communities Partnerships --Childhood Immunizations --CSHCN Care Coordination --DHSS & DSS Child Care Resource and Referral (R&R) Network --DMH CSTAR --DSS & DMH Case Management --DSS Family Assessment and Services --Head Start and Early Head Start --Home Visiting Programs --LPHAs --Newborn Screening --PATs --Selected Family Voices Programs --Temporary Assistance for Needy Families (TANF) --WIC	--Reduce number of children living in poverty --Increase number of children receiving nutritional services --Reduce unintended pregnancies further --Increase number of families receiving assistance (financial, educational)
6. Reduction in Minority Health Disparities	--DMH CSTAR --DSS Family Assessment and Services --EPSDT --First Steps --FQHCs --Head Start and Early Head Start --LPHAs --PATs --R&R --Rural/Migrant Health Centers (some may also be included in the FQHCs) --SCHIP --WIC --Home Visiting Programs --TANF	--Reduce disparity in infant deaths between African-Americans and other groups --Reduce disparity in health insurance coverage in minorities --Reduce disparity in low-income minorities --Reduce disparity of pre-term birth rates for African-Americans --Reduce disparity of deaths in African-American children (1-5 years of age) --Reduce disparity in readiness to learn in minorities

*Matrix is an evolving analysis and will be refined through the planning process and the proposed subcommittee structure.

Appendix D. Matrix of Initiatives, Matrix of Agencies, and Definitions of Six Focus Areas cont'd

Missouri ECCS Key Agencies and Prospective Participating Agencies

Academy of Family Physicians	Local Organizations - Jr. Leagues
American Academy of Pediatrics Missouri Chapter	Managed Care - Private
Association for the Education of Young Children (AEYC-MO) [Child Care Providers]	MAOPS (MO Assn of Osteopathic Physicians & Surgeons)
Caring Communities Family and Community Trust (FACT) which was The Family Investment Trust (FIT), chged 4/2/01	MC+ - Blue Cross Blue Shield of KC Blue Advantage
Children's Services Commission	MC+ - Community Care
Children's Trust Fund (Ofc of Admin)	MC+ - Family Health Partners
Citizens for Missouri's Children (Kids Count)	MC+ - First Guard
Community Coalitions (LINK)	MC+ - Health Care USA
Community Coalitions (MCH Council)	MC+ - Mercy
Community Coalitions (VCR)	MC+ - MO Care
Community Mental Health Clinics	Migrant Organization International and Registry
DED (Department of Economic Development)	MO Chamber of Commerce
DESE - Early Child Care	MO Medical Association
DESE - First Steps	MONA (MO Nursing Association)
DESE - Parents as Teachers	MSMA
DHSS - CHI - Oral Health Program (OHP)	Organization - SHCN - CPA
DHSS - DCH	Organization - SHCN - NAMI
DHSS - HSL - Bureau of Child Care, MO Child Care Resource and Referral	Private Organizations (Nurses of Newborns)
DHSS - LPHAs and MCH Contracts	Private Organizations (Parish Nurses)
DHSS - MCH Subgroup	Rural Health Clinics
DHSS - Minority and Senior Services	School Readiness Indicators Team
DHSS - NHS - CFNA	Schools of Medicine, Nursing, Social Work, OT, PT, ST
DHSS - NHS - WIC	Voluntary Org (March of Dimes)
DMH (Department of Mental Health)	Voluntary Org (United Way)
DPS (Department of Public Safety) Fire Marshal's Office	Voluntary Org (YMCA...)
DSS - Div of Family Servs	Women's Health Council
DSS - Div of Medical Servs	Governor's Office
Early Childhood Interagency Team (ECIT) (DESE, DHSS, DMH, DSS, Head Start Collaboration Office)	Judicial Courts
Emergency Medical Services for Children (CARE Program)	
Family Voices (Parents/Caregivers)	
Federally Qualified Health Centers (FQHCs)	
Food Banks	
Foundations (Kaufmann...)	
Habitat for Humanity	
Head Start Collaboration Office (also serves on ECIT)	
Homeless Shelters (Salvation Army & Churches)	
MHA (MO Hospital Association)	
HUD	
Injury Prevention Advisory Council	
Inter-Faith Communities (Faith-Based)	

Appendix D. Matrix of Initiatives, Matrix of Agencies, and Definitions of Six Focus Areas cont'd

Focus Areas:

1. Access to Medical Homes would include adequate health insurance; enhanced health professionals knowledge and skills in addressing developmental, behavioral, and psychosocial problems; increased developmental assessments from pediatric health care providers; adequate reimbursements for developmental and psychosocial assessments.

2. Mental Health and Social Emotional Development would include identification and treatment of maternal depression early in child's development; training obstetricians, pediatricians, and public health nurses in assessing maternal depression and initiating appropriate interventions for mothers, young children, and their families; development of service delivery pathways to facilitate entrance of at risk children into appropriate child development and mental health delivery systems.

3. Early Care and Education/Child Care Services would include sufficient child care services for infants and young children; adequate education and training for early care and education providers in serving children with mental health and behavior problems; adequate access to professionals for mental health and early childhood development; adequate funding for families to pay for child care.

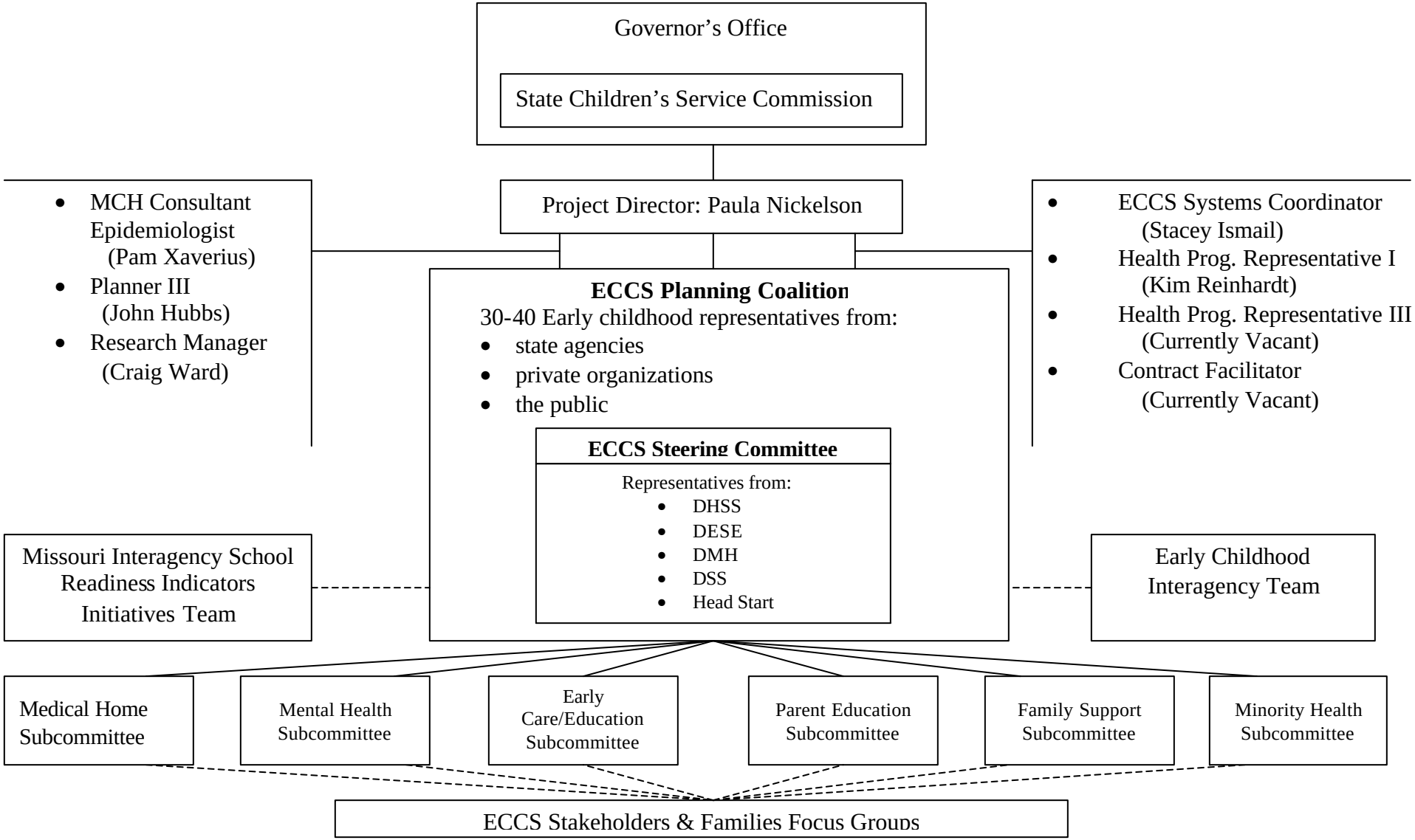
4. Parent Education Services would include availability of evidence-based parenting education and information services and links to other available community resources and access to community based sites during evenings and weekends to assist parents in being prime educators of their children.

5. Family Support Services would include availability of community based, family-centered services that support families in dealing with stressors that impair the ability of families to nurture the growth and development of their children; availability of comprehensive family-centered, family-directed State systems of family support services for families with children with disabilities.

6. Reduction in Minority Health Disparities would include identification of disparities, of evidence-based practices to address the disparities, implementation of the practices, evaluation of the practices, and adjustment to the practices to improve the outcomes.

Appendix E. Organizational Chart

Organizational Relationships
Missouri Early Childhood Comprehensive Systems Grants



Appendix F, Best Practices for Early Childhood Development

Pamela K. Xaverius, Ph.D., Consultant Epidemiologist, for the Missouri Department of Health and Senior Services, Division of Maternal, Child and Family Health, in Jefferson City, Missouri, has completed the following preliminary analysis of best practices for early childhood development:

Broadly speaking, best practices for early childhood development are programs that combine nutrition and health care with activities that stimulate cognitive, language, physical and social growth. Key elements of social and emotional development during early childhood include providing secure, trusting relationships that allow the child opportunities for autonomy, self-control, and respect for others.[1] Cognitive and language development is initially nurtured by providing consistent caregivers that allow children to experiment, inquire, observe, play and explore.[1] Physical development is nurtured by providing the space, equipment and time that children need to practice both fine and gross motor skills.[1] In order to provide these key elements to children living in our communities, best practices will include delivering services to kids, training caregivers/parents, promoting community development, strengthening institutional resources and capacity, and building public awareness.[2]

Early childhood interventions can yield substantial advantages for early childhood development.[3] In fact, fourteen programs that used rigorous techniques (i.e., employing randomized/control research designs) to evaluate the impact of early childhood development programs on long-term outcomes have been identified.[3,4] These programs include The Perry Preschool Program[5], The Carolina Abecedarian Project[6], Parents as Teachers[7], the Prenatal/Early Infancy Project[8], The Infant Health and Development Program[9], The AVANCE Parent Child Education Program[10], the Early Training Project[11], the Harlem Training Project[12], the Milwaukee Project[13], Project Head Start[14], Chicago Child-Parent Center and Expansion Program[15], Houston Parent-Child Development Center[16], Syracuse Family Development Research Program[17], and Project CARE (Carolina Approach to Responsive Education)[18]. These programs offered an array of services to young children and their caregivers that resulted in long-term improvements in school performance, higher employment, less welfare, lower involvement in criminal activity, and less need for special education services.

- The Perry Preschool Program provided center-based classes and teacher home visits for two school years to 58 children aged three or four, between 1962 and 1967. The preschool program was offered five days a week, two and a half hours a day, nine-months a year.[19] Benefits were tracked through age 27 and included better school performance, higher employment, less welfare dependence, and lower involvement in criminal activity on the part of participants.

- The Carolina Abecedarian Project provided early childhood education five days a week, year round, for children aged six weeks to five years. A repeated measures design evaluated participating children and control group children through age 21, and reported that program resulted in less need for special education services, reduced spending on welfare, reduced spending on juvenile crime, and significantly higher scores in both reading and math.[20]

- Parents as Teachers (PAT) is an internationally recognized program that offers parents information on their child's development through home visits, parenting education, group meetings, screenings, and referrals. The Parents as Teachers National Center was established by the Missouri Department of Education in 1987and focuses on curriculum and training for young children to be ready for school. Early research has shown that PAT children were significantly more advanced in language, problem solving and social development than comparison children through kindergarten, first and second grades.[21]

- The Prenatal/Early Infancy Project was a comprehensive program targeting young, unmarried mothers in a semi-rural Appalachian region of New York that had high rates of poverty and child abuse. The intervention included multiple components, such as home visitations by a nurse from pregnancy through age two (home visits every two weeks during pregnancy), free transportation to well-child care clinics, health education for parents, job and career counseling, parent training, and social service referrals. Long-term pervasive benefits for the home visited women (versus the control group) included less use of welfare, fewer childhood injuries, less child abuse, fewer subsequent pregnancies, increased jobs, and fewer arrests.[22]

- The Infant Health and Development Program was designed to reduce developmental and health problems of low birth weight, pre-term infants. Infants in the treatment groups received home visits, attendance at a special child development center, and pediatric follow-up during the first year, and biweekly for subsequent years for children who were aged twelve to thirty-six months[23]. Parents received bimonthly parent group meetings. A key finding from this study was that, by the age of 3, 39% of the IHDP children were functioning in the normal range for cognitive, social/adaptive, health, and growth parameters, compared to only 11% of the control group.

- The AVANCE Parent Child Education Program included home visits, child development classes, and coordinated community resources mainly for Hispanic families in Texas.[10] Children from birth through age two received three hours of educational child-care a week while parents attended three-hour classes aimed at developing strong parenting skills. Four hundred and eighty six mother-child pairs who participated in either AVANCE program groups or control groups were assessed pre and post program, and at a one-year follow-up. AVANCE mothers were more active in verbally communicating with and teaching their children that non-AVANCE mothers, talked more with their children, and initiated more playful interactions with them.

- The Early Training Project provided an intensive ten-week summer preschool program for two or three summers prior to the first grade, plus weekly home visits during the remainder of the year, in the mid-1960, to low-income African-American families in Tennessee[24]. The program focused on improving attitudes related to achievement (i.e., motivation to achieve, persistence, delay of gratification, interest in school-type activities, and identifying role models), and school performance (i.e., learning basic concepts, perceptual discrimination, and language development). Results showed short-term improvements in IQ scores, a small effect on the grade retention rate, and a significant increase in high school graduation rates.

- The Harlem Training Project involved two hours a week of individual instruction for two and three year old, urban African Americans over an eight-month period. [12] The study of the program looked at the 1966 and 1967 programs over an 11-year period. Participants in the program outperformed control students in reading, math, and IQ through middle school years.

- The Milwaukee Project was a six-year program that offered daily, year-round educational programming for the child, and vocational and social education, job training, remedial education, parent counseling and family crisis training to parents.[13] The program focused on high-risk families, with maternal IQs below seventy-five and children between the ages of three months and six months. It was reported that the mothers became more literate and started working while the children in the experimental group had higher IQ's, stronger problem solving skills, and better attitudes about learning.

- Project Head Start, perhaps the most widely known early intervention program, is a nine-month, half-day preschool program that includes home visits.[3] Early Head Start is a program designed to increase the school readiness of infants and toddlers in low-income families by providing either center-based (these include a minimum of two home visits a year to each family) or home-based programs that include at least two group socializations a month for each family. An experimental evaluation was conducted at 17 Early Head Start research programs where 3,001 families were randomly assigned to the program (1,513) or control (1,488) groups.[25] Significant improvements were identified with cognitive, language and social-emotional development of the children that sustained from age two to age three.

- Chicago Child-Parent Center (CPC) and Expansion Program is a center-based early intervention that provides comprehensive educational and family-support services to economically disadvantaged children from preschool to early elementary school.[26] Program participation was associated with significantly higher reading achievement, lower rates of special education placement, and significantly higher math achievement than the comparison group.

- Houston Parent-Child Development Center (PCDC) is a two-year parent-child education program for low-income Mexican American families that begins at an early age, involves high levels of parental involvement, includes goals for parents as well as children, and has a low adult-child teaching ratio.[27] End-of-program comparisons of randomly assigned groups reported positive effects on mothers and children, significantly higher level scores on the Reading, Language, and Vocabulary scales and teacher ratings of classroom that were less hostile.

- Syracuse Family Development Research Program (FDRP) provides visitations, parent training and individualized daycare, targeting economically disadvantaged families. The program goals are to improve children's cognitive and emotional functioning, foster children's positive outlooks, and decrease juvenile delinquency.[28] Results reported that that fewer participants had official juvenile delinquent records; girls that participated in the program showed better grades, better school attendance and better ratings from teachers regarding self-esteem; and parents were more proud of their children.

- Project CARE offered home-based parent education and social services with and without full-time, center-based child care. At 2 years of age, differences in language and cognitive development significantly favored the group that had received child care combined with family education, and these differences continued to 4 years of age.

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Appendix F, Best Practices for Early Childhood Development, continued

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Appendix G. Missouri Indicators to Track Early Childhood Outcomes

Missouri Early Childhood Comprehensive System
Indicators to Track Early Childhood Outcomes

	Indicators to Track Early Childhood Outcomes by Focus Areas		Description of Indicator	2000 Baseline	2001 Baseline
1	**Access to Health Insurance and Medical Homes**				
	Ready Children	Physical & Motor Development	% of low birth weight infants	7.60%	7.60%
	Effective Services	Health	% of mothers who received prenatal care in first trimester	86.10%	85.70%
	Family Environment		% of children in poverty (children under age 18)	15.30%	
	Effective Services	Health	% of children under age 18 with health insurance coverage during the year	91.50%	95.30%
	Effective Services	Health	% of children on MC+ receiving Well Child Visits	Being Developed	
			% of eligible children ages 0-5 receiving at least one initial or periodic screening		62%
	Ready Children	Physical & Motor Development	% of children fully immunized by age 2	76.80%	75.50%
	Effective Services	Health	% of children with undiagnosed/untreated vision, hearing, or dental problems at school entrance	Being Developed	
2	**Mental Health and Social-Emotional Development**				
	Effective Services	Mental Health	% of children with access	Being Developed	
	Effective Services	Mental Health	% of children on MC+ that have accessed mental health services	Being Developed	
			# of children receiving public SED mental health services		25491
	Family Environment	Domestic violence	(School Readiness Indicators Initiative to develop)	Being Developed	
	Community Conditions		Rate of crimes against persons per 100,000 population	490.0	541.3
	Community Conditions		Rate of crimes against property per 100,000 population	4037.7	4234.9
	Community Conditions		% of children living in substandard housing	Being Developed	
	Effective Services	Mental Health	% of early childhood providers with access to mental health consultant	Being Developed	
	Effective Services	Mental Health	% mental health professional with expertise in early childhood (SRI to develop)	Being Developed	
	Effective Services	Child Welfare	Incidence of probable cause child abuse and neglect (ages 0-5)	3891	3,369
	Effective Services	Child Welfare	Incidence of repeated child abuse and neglect	Being Developed	
	Effective Services	Child Welfare	# of children in out of home placement	7346	7425
	Effective Services	Child Welfare	# of out of home placements per child	Being Developed	
	Effective Services	Child Welfare	Length of out of home placement		26.39 months Jan 2003 report
	Ready Children	Social & Emotional Development	% kindergartners suggest appropriate solutions to conflict	31% (1998-1999)	
	Ready Children	Social & Emotional Development	% kindergartners take responsibility for belongings	52% (1998-1999)	
	Ready Children	Social & Emotional Development	% kindergartners work collaboratively with others in a group in a give and take manner	46% (1998-1999)	

Appendix G. Missouri Indicators to Track Early Childhood Outcomes

Missouri Early Childhood Comprehensive System Indicators to Track Early Childhood Outcomes					
	Indicators to Track Early Childhood Outcomes by Focus Areas		**Description of Indicator**	**2000 Baseline**	**2001 Baseline**
	Ready Children	Social & Emotional Development	% kindergartners cope with frustration and failure	43% (1998-1999)	
3	**Early Child and Education/Child Care**				
	Community Conditions	----------	Availability of quality before and after school programs (SRI to develop)	Being Developed	
	Effective Services	Early Care and Education	Ratio of licensed child care spaces to children needing care (131,943 licensed childcare spaces. An estimated 273,991 children in need of childcare)		1 space for every 2 children needing childcare
	Effective Services	Early Care and Education	% of subsidized children in licensed care (This figure includes non-licensed subsidized childcare)		8% of children needing care
	Effective Services	Early Care and Education	Number of accredited child care programs	347	345
	Effective Services	Early Care and Education	% of early childhood providers with early childhood education training and/or degrees	Being Developed	
	Effective Services	Early Care and Education	% of eligible children enrolled in Head Start and Early Head Start		
	Ready Children	Approaches to Learning	% of kindergarten children showing curiosity and interest	61% (1998-1999)	
	Ready Children	Approaches to Learning	% of kindergarten children staying focused and productive working independently	46% (1998-1999)	
	Ready Children	Approaches to Learning	% of kindergarten children staying focused and productive working in a group	44% (1998-1999)	
	Ready Children	Approaches to Learning	% of kindergarten children showing pride in accomplishments	63% (1998-1999)	
	Ready Children	Language Development	% of kindergarten children using language to communicate ideas, feelings, questions, or to solve problems	55% (1998-1999)	
	Ready Children	Language Development	% of kindergarten children identifying letters of the alphabet	47% (1998-1999)	
	Ready Children	Language Development	% of kindergarten children using some letters in writing	33% (1998-1999)	
	Ready Children	Language Development	% of kindergarten children recognizing relationship between letters and sounds	32% (1998-1999)	
	Ready Children	Language Development	% of kindergarten children showing book handling skills	58% (1998-1999)	
	Ready Children	Language Development	% of kindergarten children responding to questions	60% (1998-1999)	
	Ready Children	Cognition & General Knowledge	% kindergarten children recognizing some basic shapes and colors	84% (1998-1999)	
	Ready Children	Cognition & General Knowledge	% kindergarten children understanding sequence of daily events	34% (1998-1999)	
	Ready Children	Cognition & General Knowledge	% kindergarten children determining same, more than, and less than by comparing	46% (1998-1999)	
	Ready Children	Cognition & General Knowledge	% kindergarten children making one to one correspondence	53% (1998-1999)	
	Ready Children	Physical & Motor Development	% of children with age appropriate gross and fine motor skills at school entry	95% (1998-1999)	
	Ready Schools	----------	Teacher/child ratio in K-3 classroom	Being Developed	
	Ready Schools	----------	% of K-3 teachers with Early Childhood Certification	Being Developed	
	Ready Schools	----------	% of schools districts with all day kindergarten	92%	94%
			% of kindergarteners attending full day	72%	78%
	Ready Schools	----------	% of schools with Pre-K program	Being Developed	
			# of children served by Missouri Pre School Program	3904	5254

Appendix G. Missouri Indicators to Track Early Childhood Outcomes

Missouri Early Childhood Comprehensive System Indicators to Track Early Childhood Outcomes					
	Indicators to Track Early Childhood Outcomes by Focus Areas		**Description of Indicator**	**2000 Baseline**	**2001 Baseline**
			# of children served by Title 1 Preschools	8678	8700
			# of children served by early childhood special education	8010	8036
	Ready Schools	----------	% of students with unidentified special needs at school entrance	Being Developed	
	Ready Schools	----------	% of schools with transition plans for kindergarten (SRI to develop)	Being Developed	
	Ready Schools	----------	% of K-3 students whose parents attend parent/teacher conferences (SRI to develop)	Being Developed	
			% of children with average or above average school readiness skills	76%	79%
4	**Parent Education**				
	Family Environment	----------	% of births to mothers with < 12th grade education	19.30%	18.95
	----------	----------	- % of mothers who smoked during pregnancy (From Rhode Island's SRI.)	18.30%	18.30%
	Ready Children	Physical & Motor Development	- # of drug affected births	Being Developed	
	Family Environment	----------	% of families reading to children: daily, 2-3 times weekly, weekly (parents reported reading daily to child)	72.00%	
	Family Environment	----------	% of families participating in Parents As Teachers	47%	47%
5	**Family Support**				
	Effective Services	Health	% of eligible children receiving nutrition services	Being Developed	
			% of students enrolled in free/reduced fee lunch program	36.60%	36.70%
	Family Environment	Family Environment	Student mobility rate	Being Developed	
	Effective Services	Health	% of children with lead poisoning	9.90%	5.90%
	Effective Services	Early Care & Education - Measure of affordability	% of families spending greater than 20% of gross income for child care	Being Developed	
6	**Reduction in Minority Health Disparities**				
			Indicators under development.		

Appendix H. Pathways Mapping Initiative, Outcome Indicators Chart*

Children are Ready for School
Outcome Indicators

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I. Good Health
Interim Indicators

IA. Healthy, wanted births
IA1. Intended, well-timed pregnancies
IA2. Healthy pregnancies

IB. Development on track
IB1. High-quality child health and dental care
IB2. Good nutrition
IB3. Early intervention for children and families most at risk
IB4. Protection from unintentional injury

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II. Supportive Social and Cognitive Environments
Interim Indicators

IIA. Strong bonds with primary caretaker and supportive home
IIA1. Responsive caretaker, supportive home
IIA2. Cognitively stimulating home

IIB. High-quality child care and early education
IIB1. Child care that is safe and promotes social and cognitive development
IIB2. Child care connected to other services and supports

IIC. Family connected to responsive networks and services
IIC1. Access to primary services
IIC2. Access to services and support that reduce social isolation
IIIC3. Access to services that respond to child abuse, neglect, and other problems and crises

IID. Family economically successful
IID1. Increase family income and assets
IID2. Expanded economic opportunities

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III. Safe, Strong Neighborhoods
Interim Indicators

IIIA. Supportive neighborhoods
IIIA1. Strong social connections, engaged residents
IIIA2. Expanded neighborhood resources

IIIB. Family-friendly physical environment
IIIB1. Safe, attractive neighborhood
IIIB2. Affordable housing in stable neighborhood

* www.aecf.org/pathways/outcomes/schoolreadiness

Appendix I. Timeline

Timeline for
Missouri Early Childhood Comprehensive Systems

Year	2003							2004												2005								
Month	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09
Objective Completion																								III				
Action Step																												
1:Develop HRSA Early Childhood Comprehensive Systems Grant (ECCS) for Missouri detailing current ECCS needs* and initiatives in Missouri and job requirements for individuals to be assigned to ECCS planning initiative ∫ Project Director ∫ ECCS Systems Coordinator ∫ Research Manager ∫ MCH Consulting Epidemiologist ∫ MAS II ∫ Planner III ∫ Clerk Typist III *Existing Title V Needs Assessment used to help identify current ECCS needs by HRSA focus areas.	→	→	08/01																									
2. Announce and recruit ECCS Systems Coordinator		→	07/15																									
3. Seek sanction of action steps, goals, and objective milestones identified through Children's Services Commission chartered through Governor's Office to include an expectation of progress reports to be generated by ECCS planning coalition			8/30	→																								

Appendix I, Timeline, continued

Timeline for
Missouri Early Childhood Comprehensive Systems

Year	2003							2004												2005								
Month	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09
Objective Completion																								III				
Action Step																												
4. Identify key early childhood development planning participants from state agencies serving on SRIT and participants from 2-3 child advocacy groups through distribution of application and invitations to participate in ECCS planning coalition	→		→	09/01																								
5. Identify selected members of the public to participate on the ECCS planning coalition through placement of ECCS HRSA grant application on DHSS Web site and with newspap er ads asking for volunteer participants (4-5 citizen participants)					→	11/01																						
6.Identify and share with ECCS Planning Coalition members a "plan to plan" that would detail the following: ∫ Goals & Objectives of this initiative ∫ Coalition and subcommittee structure with working charge for each subcommittee: ❒ One: Inventory of ECCS Resources ❒ Two: ECCS Gap Analysis ❒ Three: Indicators & Interventions (5 or more ECCS front line managers will be chosen to serve as leads for subcommittees and to serve on coalition steering committee. At least 3 family representatives to be nominated by CDH, DSS, DESE, & DMH advisory bodies)						→	12/01																					

Appendix I, Timeline, continued

Timeline for
Missouri Early Childhood Comprehensive Systems

Year	2003							2004												2005								
Month	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09
Objective Completion																								III				
Action Step																												
6. cont'd: ∫Process & methodology to prioritize (rank) severity of gaps, linkage of indicators to gaps/needs, and potential impact of interventions being reviewed ∫ Timeline detailing when the work of each subcommittee would occur, link together and **dates for completion of ECCS state plan components:** ❒ ECCS needs assessment by focus area ❒ ECCS resources inventory ❒ ECCS "success indicators" with baselines & targets to measure state performance ❒ ECCS Gap Analysis ❒ Priority interventions to be pursued to reduce gaps and move indicators (recommendations would center on how to better support priority interventions across state agencies)																												

Appendix I, Timeline, continued

Timeline for
Missouri Early Childhood Comprehensive Systems

Year	2003							2004											2005								
Month	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09
Objective Completion																								III				
Action Step																												
7. Four to five ECCS focus groups to be conducted with groups comprised of ECCS stakeholders and families with concerns about development of their children. Discussion guide will include questions related to gaps in ECCS services and interventions (programs) that would work to close those gaps and how state ECCS agencies can better pool their resources. Participants may be drawn from the ECCS coalition and/or from clients served by coalition members. Results to be considered by subcommittees tin assessing service gaps and priority interventions										→	→	→	06/01															
8. Initial "Focus Area" survey to be distributed to ECCS Planning Coalition participants and reviewed by project staff and ECCS steering committee members											→	→	06/01															
9. Subcommittee report detailing ECCS resources inventory in MO. Resources outlined in 2 primary formats: ∫ Resource directory format makes distinction between state & local ECCS resources & geographical resource disparities emerge ∫ ECCS resources arrayed by focus areas as first step in ECCS gap analysis ∫Report provided on all coalition members & to participating agency heads as chapter report of ECCS state plan.					→	→	→	→	→	→	→	→	→	07/01														

Appendix I, Timeline, continued

Timeline for
Missouri Early Childhood Comprehensive Systems

Year	2003							2004											2005								
Month	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09
Objective Completion																								III				
Action Step																												
10. Subcommittee report detailing an ECCS resource gap analysis in MO will be finalized from 2 frameworks: ∫ Gaps in ECCS resources & systems that exist uniformly across MO ∫ Gaps in ECCS resources & systems that are more acute in specific regions of MO ∫ Report provided to all coalition members & to participating agency heads as chapter report of ECCS state plan					→	→	→	→	→	→	→	→	→	→	→	→	10/01											
11. Subcommittee report applying methodology to rank severity of gaps & determine interventions that can best be applied across agencies to reduce those gaps will be completed. This subcommittee will also confirm priority ECCS indicators the coalition & state will follow to monitor impact of interventions supported. (Report to be provided to all coalition members & to heads of agencies represented as draft chapter of state ECCS plan)					→	→	→	→	→	→	→	→	→	→	→	→	→	→	12/01									
12. All subcommittee reports will be integrated into one draft ECCS plan for MO. Draft report to be distributed to: ∫ ECCS coalition members ∫ Heads of participating state agencies ∫ Governor's Office & Children's Services Commission											→	→	→	→	→	→	→	→	→	→	02/01							
13.Based on comments received in Step 12, ECCS State Plan will be finalized for statewide distribution.														→	→	→	→	→	→	→	→	→	04/15					

Appendix I, Timeline, continued

Timeline for
Missouri Early Childhood Comprehensive Systems

Year	2003							2004												2005								
Month	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09
Objective Completion																												
Action Step																												
14. Printing ECCS Plan for distrution (grant budget to determine number of plans to be printed)																						→		05/01				
15. Distribution & promotion opf State ECCS Plan with a "Message from the Governor" ∫ Coalition members will be selected to host media conferences (through press releases) in key population centers across MO ❒ Kansas City ❒ St. Louis ❒ Joplin ❒ Springfield ❒ Columbia/Jefferson City ❒ Kirksville ❒ Cape Girardeau ❒ 2-3 selected rural communities ∫ Coalition members and other ECCS advocacy groups will be provided with supply of ECCS plans ∫ Final ECCS plan placed on Web site of all state agencies participating in coalition cross linked with HRSA Web sites and Web site of Governor's Office ∫ Number & source of "Web site hits" will be closely monitored																						→			→	07/01		
16. Final "focus area" survey to be distributed to ECCS coalition participants with results compared to initial focus area survey																										→	08/31	
17.ECCS statewide tracking & monitoring systems in place based upon priority ECCS indicators in state plan: ∫ baselines ∫ intermediate targets ∫ desired outcomes																											08/31	

Appendix I, Timeline, continued

Timeline for
Missouri Early Childhood Comprehensive Systems

Year	2003							2004												2005								
Month	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09	10	11	12	01	02	03	04	05	06	07	08	09
Objective Completion																												
Action Step																												
18. Preparation & submission of Early Childhood Comprehensive Systems Grant (Implementation Phase)																											08/31	
19. Evaluate results of ECCS planning grant process in MO ∫ Goals met ∫ Objectives met ∫ Interventions identified & receiving collective coalition support ∫ Indicators established & being collectively tracked ∫ Issue final progress report to HRSA, the coalition, & the Children's Services Commission																											08/31	